

10/528211

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		2		1		
6		9				
7						
8						
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		2		1		
15		2		1		
16		2		1		
17		2		1		
18		2		1		
19		3		1		
20		3		1		
21		3		1		
22		13				
23	1		1			
24		0				
25						
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48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						